

DISCLOSURE SUMMARY PAGE**COMMITTEE NAME** (Must be same as on Statement of Organization)

FRIENDS OF EICCD

IMPORTANT: Indicate by # type of committee you are reporting for: ☐(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other
Political Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political
Subdivision PAC (11) Local Ballot Issue**CANDIDATE COMMITTEES ONLY:**

Candidate Name

Political Party (if applicable)

Friends of EICCD

Office Sought

District (if Senate or House)

SIGNATURE OF PERSON FILING REPORT

563-336-3335
TELEPHONE

FORM

DR-2

(Rev. 07/2004)

DISCLOSURE

REPORT

For Office Use Only

Comm. #

-2

PM 8:31

AM 10:08

Logged In

Scanned

Computer

Audited

Late reports are subject to
possible civil and criminal
penalties.8/31/09
DATE SIGNEDI AM FILING A _____ REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.
(report date) Indicate by # ☐☐ CHECK IF AMENDMENT TO REPORT DATED _____☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

9/08/09

County & Local Committees, enter County in
which Election is held

Scott

STATEMENT OF CASH ON HANDCASH ON HAND at the beginning of the reporting period. (Total of all funds held by the
committee. This amount **MUST** be the same as the cash on hand at the end
of the last reporting period or must be zero if this is first report filed.)

\$ 6441.49

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

702.00

Schedule F: Loans Received total (Attach Schedule F)

00.00

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

00.00

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL

\$ 7143.49

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

20.00

Schedule F: Loan Repayments total (Attach Schedule F)

0.00

CASH ON HAND at the end of this reporting period (if final report balance must
be zero) (Attach DR-3)

\$ 7123.49

**UNPAID BILLS (From Schedule D - Attach Schedule D)

\$ 0.00

**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

\$ 0.00

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

\$ 0.00

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?)

☐ YES ☐ NO

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$ 0.00

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Friends of EICCD

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
5/12/09	ID# CK#	Engler, Mary Lou 1132 W. Price Ct Eldridge, IA 52748		\$ 100.00	<input type="checkbox"/>
5/12/09	ID# CK#	Stewart, Shirley 3400 Telegraph Road Davenport IA 52804		50.00	<input type="checkbox"/>
5/12/09	ID# CK#	Vetters, William and Crystal 1987 Sabbath Drive Muscatine IA 52761		100.00	<input type="checkbox"/>
8/10/09	ID# CK#	D'Souza, Joeeph 3475 Jersey Ridge Road Davenport IA 52807		50.00	<input type="checkbox"/>
8/21/09	ID# CK#	Drury, Brian and Melanie 1904 Circle Drive N Clinton IA 52732		10.00	<input type="checkbox"/>
8/21/09	ID# CK#	Bonte, John and Martha 872 14th Ave NW Clinton IA 52732		20.00	<input type="checkbox"/>
8/21/09	ID# CK#	Richter, John and Debra 1751 335 Ave Charlotte, IA 52731		50.00	<input type="checkbox"/>
8/21/09	ID# CK#	Miller, Lisa 2302 Jebens Ave Davenport, IA 52804		50.00	<input type="checkbox"/>
8/21/09	ID# CK#	Marlow, Jane 814 13th Ave N Unit 4c Clinton IA 52732		20.00	<input type="checkbox"/>
8/21/09	ID# CK#	Vickers, David and Karen 583 Woodland Drive Clinton IA 52732		50.00	<input type="checkbox"/>
SUB-TOTAL				\$500.00	
TOTAL (if last page of this schedule)				\$	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

For Instructions, See Back of Form



SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

Friends of EICCD

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CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
8/21/09	ID# CK#	Schmidt, Ann and Douglas 1025 5th Ave North Clinton, IA 52732		\$ 20.00	<input type="checkbox"/>
8/21/09	ID# CK#	Dettbarn, Lana 34 Timberline Drive Blue Grass IA 52726		50.00	<input type="checkbox"/>
8/21/09	ID# CK#	CASH		7.00	<input type="checkbox"/>
8/21/09	ID# CK#	Eisenman, John and Ann 1001 S 32nd Street Clinton, IA 52732		75.00	<input type="checkbox"/>
8/21/09	ID# CK#	Serpliss, Ron 1205 Hill Street Galena, IL 61036		50.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 202.00

TOTAL (if last page of this schedule)

\$ 702.00

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(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM



EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
8/31/09	ID# CK# 1025	Eisenman, Ann	Voter Lists	10.00 \$
8/31/09	ID# CK# 1026	Jackson County Auditor	Voter Lists	10.00
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 20.00
TOTAL (if last page of this schedule)				\$ 20.00

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

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(for Schedule B)